

**2020 EMERGENCY INFORMATION**

**OROT SUMMER PROGRAM**  
1123 AVENUE N, BROOKLYN, NY 11230  
T: 718-627-8758      F: 718-336-0149

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ INSURANCE: \_\_\_\_\_  
MOTHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(or Guardian)  
EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_  
FATHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
DENTIST: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED HOSPITAL FOR EMERGENCY CARE \_\_\_\_\_  
For those emergencies requiring immediate medical attention, your child will be taken to the nearest hospital emergency room.

**EMERGENCY CONTACT WHEN PARENTS CANNOT BE REACHED**

NAME: \_\_\_\_\_ RELATION TO CHILD: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATION TO CHILD: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

IS CHILD ALLERGIC TO ANY FOODS OR MEDICATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE INDICATE: \_\_\_\_\_

PLEASE INDICATE ANY MEDICAL INFORMATION WE SHOULD BE AWARE OF:  
\_\_\_\_\_  
\_\_\_\_\_

CHILD MAY BE GIVEN TYLENOL: YES \_\_\_\_\_ NO \_\_\_\_\_

To whom it may concern; I/we, \_\_\_\_\_ the undersigned parents of a minor, do hereby authorize the supervisory staff of Bet Yaakov Ohr Sarah as our agent to consent to any diagnostic procedure or medical care which is deemed advisable by and is to rendered under the general or special supervision of, any licensed physician and surgeon. It is understood that this authorization is given in advance of any specific need for treatment, but is given to provide authority on the part of our aforesaidn agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may deem advisable.

Unless I notify you to the contrary, I hereby give permission for my child(ren) to participate in all field trips sponsored by Bet Yaakov Ohr Sarah. When possible a letter will be sent in advance of each trip.

If at any time the above information must be changed I will notify Orot in writing.

I have reviewed all the above information.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date